

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-021235

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **316**

Primary Registration District No. **-**

Registrar's No. **207**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY St Francois	b. CITY (If outside corporate limits, give TOWNSHIP only) Rural - Knob Lick	a. STATE Missouri	b. COUNTY St Francois
c. FULL NAME OF (If NOT in hospital, give location) R.R. 1		d. STREET ADDRESS R.R. 1	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First Middle Last Samuel Seiler		Month Day Year May 25, 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/27/1887
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman Retired		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 75
11a. FATHER'S NAME Max Seiler		11b. MOTHER'S MAIDEN NAME Anna Findling	12. CITIZEN OF WHAT COUNTRY USA
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of)		17. INFORMANT Mrs Rose Trebes, Chicago, Illinois	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Presumed to be "Natural Causes" Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Investigated by Ted Boyer, Coroner of St. Francois County, Missouri. DUE TO (b) Found dead in his home. DUE TO (c)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from _____, to _____, and last saw her alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS Realty Bldg., Farmington, Mo.	
22a. SIGNATURE (Degree or title) Esther Rudloff Local Registrar		22c. DATE SIGNED 5-31-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/31/63	
24. FUNERAL DIRECTOR Miller Funeral Home, Farmington, Mo.		25. DATE RECD. BY LOCAL REG. May 31, 1963	
26. REGISTRAR'S SIGNATURE Esther Rudloff		27. LOCATION (City, town, or county) Farmington, Missouri	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

10940

20940

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1290-8

131-0

JUN 6 1963

AUG 1 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student

Signature of Student Embalmer

Signed

Frank Douglas

Licensed Embalmer No. 4120

P. O. Address

For my friend

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.